

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	ALMAZ		06-06-01
O.I.P.E. CLASSIFIER		15	6/2001
FORMALITY REVIEW	PS	5JT	6/7/01
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓	Rejected	N	..... Non-elected
=	Allowed	I	..... Interference
— (Through numeral)	Canceled	A	..... Appeal
÷	Restricted	O	..... Objected

Claim	Date
Final	
Original	6/17/07
63	7/7/07
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Claim	Date
Final	
Original	
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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